

ORGANIZATION AND CONTROL OF CARRIER

1. State full and exact name and address of carrier making this report.

Carrier: _____ PUC No. _____
Address: _____ Phone: _____
City: _____ Zip: _____

2. **Insert an "X" if new address within the last 12 months ()**

Business Name (dba): _____
Business Address (other than P.O. Box): _____
Phone: _____ City: _____ Zip: _____

- 2a. **Annual Financial Reports** (AFR) are available on our Department web site. Thus, if you need additional copies of this report, please go to:

<http://www.state.hi.us/budget/>

3. Date first started business: _____

4. State the various kinds of business, other than common carriage, in which the carrier was engaged at any time during the year:

5. Island(s) in which carrier service is offered: _____

6. List companies controlled by carrier: _____

7. List persons or companies controlling carrier; also state percent owned: _____

8. Are you a member of a tariff bureau?

(a) If yes, name of tariff bureau: _____

(b) If no, have you filed a current tariff schedule with this office?: _____

9. Provide the following information regarding your insurance:

- (a) Bodily Injury and Property Damage Liability

Policy Number: _____

Insurance Carrier: _____

Insurance Agent: _____ Phone No.: _____

Expiration Date: _____

- (b) Cargo Insurance

Policy Number: _____

Insurance Carrier: _____

Insurance Agent: _____ Phone No.: _____

Expiration Date: _____

10. Location of carrier's records: _____

11. Name of outside accountant (PA or CPA): _____
Address: _____ Phone: _____
City: _____ Zip: _____
12. Preparer of this report:
Name: _____ Title: _____
Address: _____ Phone: _____
City: _____ Zip: _____
13. Please check (✓) whether account books are kept on a **calendar year** () or **fiscal year** () basis. If fiscal year basis, please state the period: _____.
Note that this annual financial report must be filed on a calendar year basis.

VERIFICATION

I, _____, certify (or declare) that I am duly authorized to
(Print or Type)
file this statement; that I have knowledge to the matters contained herein; that the PUC
regulated revenues reported herein reflect rates under the lawful tariff(s) filed with this
Commission; and that the report set forth in this annual report is complete, true and
correct to the best of my knowledge, information and belief.

Signature _____

Title _____

Date: _____

Carrier _____

Additional Information For Corporations and Partnerships Only

14. Date of Incorporation: _____
Incorporation in the State of: _____

15. Names of Directors/Partners:

[illegible]

16. Names of Officers:

[illegible]